

sistent with high level ciprofloxacin resistance. MICs were also performed for benzylpenicillin (> 10 mg/l), ceftriaxone (0.004 mg/l), spectinomycin (16 mg/l), and tetracycline (4 mg/l). The isolate was β lactamase positive and contained the 4.4 MDa Asian β lactamase plasmid as well as 2.6 MDa cryptic and 24.5 MDa conjugative plasmids. Phenotyping demonstrated a non-requiring auxotype and a WII/WIII serotype.

This patient returned from Russia infected with a gonococcus that exhibited both high level ciprofloxacin and penicillin resistance and low level tetracycline resistance. Dissemination of such strains within the United Kingdom has implications for current therapeutic first line therapies which consist predominantly of single dose ciprofloxacin or penicillin regimens.² High level ciprofloxacin resistance is rare in the United Kingdom and published cases suggest Spain³ and South East Asia⁴ may be foci for importation of such strains into the United Kingdom. It is recommended that clinical staff seeing patients with potential gonorrhoea obtain adequate travel histories in order to decide upon an appropriate first line antibiotic therapy. Spectinomycin resistance still remains a minor problem worldwide and single dose intramuscular spectinomycin is thus likely to be effective in treating the majority of imported combined ciprofloxacin and penicillin resistant gonococcal infections seen in the United Kingdom. Single dose intramuscular ceftriaxone or cefuroxime are possible therapeutic alternatives in this situation.

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MATTERS ARISING

Genital *Chlamydia trachomatis* infection in women in a Nigerian hospital

I read the report of Amin and colleagues¹ on the outcome of opportunistic screening for *Chlamydia trachomatis* in women seen in the antenatal and gynaecology clinics in north east Nigeria with interest. The prevalence of 9% was comparable with our study population² reported from the north east of

England. However, the authors, in screening only the cervical site, would have failed to pick up those women in whom urethral sites are the only site of infectivity.^{2,3}

Of concern is the dearth of data on the analogous male partner(s)⁴ and their consort(s): 18% of the study sample were in a polygamous marriage, untested and untreated individuals will remain a reservoir of infections.

The findings of the authors in this supposedly low risk population, in tandem with the reported increase in HIV infection from seroepidemiological studies in antenatal clinics in Maiduguri, north east Nigeria⁵ should serve as a catalyst in the development of effective sexual health services, led by obstetricians and gynaecologists⁶ offering women routine opportunistic screening for sexually transmitted infections, encouraging attendance and treatment of their male partner(s), and offering family planning and contraception. These measures will ultimately enhance the sexual health of the catchment population with a concomitant reduction in the sequel of sexually transmitted infections including HIV/AIDS.

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BOOK REVIEWS

The Guide to Living with HIV Infection.

By J G BARTLETT & A K FINKBEINER. Baltimore: The Johns Hopkins University Press, 1996. (Pp 440; £11.00.) ISBN 0 8018 5359 1.

To echo the sentiments of Joseph Maier, the author of the prologue to this guide, I am living with HIV, not an HIV sufferer or an HIV victim. It is clear that the authors appreciated the importance of these feelings and this is the main reason why I found what could have been just another dry reference book, such a good read.

Clear, concise explanations and guidance encouraged me to read the more technical sections on infections and treatments, subjects which many of us with HIV find difficult to absorb because of offputting medical jargon and our emotional responses to information about what could happen to us.

As the guide was written from a US per-

spective, many of the legal and practical aspects of HIV it discussed are not strictly applicable to the UK, although there are similarities in themes and frameworks between the two countries. The information on transmission and prevention covered already fairly well rehearsed material, although it would be useful for the newcomer to HIV.

The use of "the voices" of people with HIV to introduce subjects and to illustrate alternative attitudes and approaches to various issues helped to sustain my interest and gave credence to the guidance which was offered. I felt the authors had actually listened to the thoughts and feelings of those who are experiencing the devastating effects of HIV, and that they had given serious consideration to practical and emotional strategies for dealing with these effects, rather than merely trotting out platitudes. They also highlighted that living with HIV is not only possible, but that life can continue to have meaning and be fulfilling for those infected and for their friends and families.

The sections which dealt with emotions, relationships, and dying were the most interesting, relevant, and moving for me. The guide covered the most typical range of emotional reactions experienced by those of us dealing with HIV, including anger, fear, depression, hope, and guilt but did so in a way which was accepting, not dismissive or patronising. It also highlighted that as many people react to HIV in different ways, so they cope in different ways and there is no right approach. The powerful and moving chapter on interpersonal relationships included ideas on how to deal with some of the common problems experienced by people with HIV and by carers.

Living with HIV means being "faced with that ultimate fear [death] all the time" (p98) and the authors tackled this most difficult subject in a calm, gentle and encouraging way. The chapter on dying helped me to think about my own death and how I will face it. The most powerful message for me in the guide is that I can face death because "The person who has lived is the same as the person who will die. If you know yourself at all, you know how you will die" (p292). The question is, will I have time to know myself?

JANE JUMA

Women and their Health. By SATISH MITTAL. London: Clarewood Publishers, 1997. (Pp 284; £9.95.) ISBN 0 9529481 09

In the preface of this book, the author states his intention to provide up to date medical information on topics of everyday concern for women and a companion book for practice nurses. The book covers an enormous variety of subjects from eating disorders to breast cancer and the detail included in some sections is remarkable. However, the relevance of including the eight anatomical variations of the hymen is questionable, as are the instructions on how a woman may examine her own cervix with the aid of a mirror, torch, KY jelly, and speculum bought from a medical shop!

Unfortunately, this publication is plagued by typographical, grammatical, and factual errors. Sections which include "culliningus", the retractile clitoris, and the statement that "genital herpes can be caught from toilet seats", result in the book losing some credibility. In addition, some of the information is